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CASES OF REMOVAL OF THE INVERTED UTERUS.

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DR. PUTNAM gave a history of three cases of removal of inverted uterus, under the care of Dr. Channing and himself. The specimens were exhibited at a previous meeting.

It is now three years since the operations were done, and during this interval we have carefully watched the result. One of the patients was for some months subject to leucorrhœal discharges, and in another there has been an occasional approach to something like menstruation; but they are at present in excellent health and spirits, illustrating the observation of M. A. Petit, that the uterus belongs less to the individual than to the species, and proving that nature can support the loss without material disturbance in the harmony of her functions.

The first was that of a young woman, 20 years of age, with her second child. On application to Dr. Channing, she stated that "dreadful" pain attended the extraction of the placenta, and that the "flowing" was excessive. She was able to nurse her child for three months, though flowing more or less all the time. Immediately upon the suspension of nursing, the hemorrhage became incessant; and when visited, twelve months after childbirth, she was bloodless, anasarcous and hardly able to move about. He attempted, under the influence of ether, to re-invert the uterus; but failing in this, the ligature of cord was applied, and the ends brought through so that the pressure could be graduated by a screw. The ligature came off on the eleventh day. It was tightened more or less every day; but in this, as in the other two cases, whenever the pressure was carried beyond a certain point, there ensued vomiting, faintness, depression of pulse and other symptoms of strangulation, which made it necessary to relax it. Her recovery was perfect.

CASE II.—The result of this case was not so fortunate. The patient recovered from the effect of the operation, but died from the effects of ill-timed exertion, in the same manner as, after an exhausting hemorrhage, death sometimes follows the mere rising

up in bed. A young woman, originally of healthy constitution, æt. 25. She had had two confinements within three years. The first time had twins, and was much enfeebled by nursing both. The third child she nursed nearly nine months, and was "pretty well," though frequently "flowing." When she ceased nursing, menstruation recurred at short intervals, and very copiously, and she began to suffer palpitation, throbbing in head, faintness and dyspnœa on any exertion. It was evident that these symptoms were sympathetic with some uterine lesion, and upon further inquiry it appeared that at the time of delivery, though not aware of any extraordinary pain, hemorrhage, or faintness, yet she never "felt quite right" about the pelvis. During the first week sat up in bed and moved about the bed more freely than usual. On the eighth day, having got out of bed to evacuate the bowels, she felt something protruding from the external organs, considerably larger than an orange. She suffered much distress until it was replaced in the vagina; and though it never again appeared externally, she was occasionally obliged to press it upward in order to relieve a painful sense of pressure. The local uneasiness gradually diminished, and she continued to nurse her child till it died at the ninth month. Immediately upon weaning, she began to "flow" almost constantly, but was able to attend to her household duties for eight months, when she suffered so much from faintness that she was compelled to remain in bed.

The most prominent symptoms at this time, when I was consulted, were palpitation, throbbing in the head, dyspnœa on motion, urgent thirst. She was exceedingly pale; pulse 120, feeble; tongue white. On examination, a tumor was felt high up the vagina, apparently about two inches in length, an inch and a half in thickness, and about two inches in breadth. The os uteri soft and distensible, and so nearly effaced that it might readily have been mistaken for a fold of the vagina encircling the upper part of the tumor. This sulcus, about two thirds of an inch deep, could be traced all round the circle, and at no point could the finger or sound be passed further. The color was a deep strawberry red.

She had just finished a menstrual period, and I decided to do the operation at once, so that it might be completed before the recurrence of another. The ligature was applied on the upper portion of the tumor (it could not be called a neck, for there was less narrowing than one would have expected), the ends being passed through a canula and made fast to a button moved by a screw.

The first constriction was followed in about four minutes by pain, failure of the pulse, which dropped from 120 to 90, coldness of the surface, vomiting, and other symptoms of strangulation. It was immediately relaxed, and the pain subdued by opiates and inhalation of ether. During the night, vomited twice. Slept at intervals. Opiate repeated. During the next day had copious, serous discharge from vagina. The tumor tense, not tender to touch. Pulse

112. Skin soft. The ligature again tightened, causing very severe pain, which recurred in paroxysms. Opiates and ether repeated.

It will not be necessary to give the occurrences of each day, but I will merely say that the ligature was tightened every twenty-four hours as much as the patient could endure. The excretion of serum continued quite freely—at last attended with fœtor. On the eighth day the tumor was less tense, but as it still seemed not to be entirely detached, no efforts were made to remove it.

Up to the 9th day, she was evidently improving in spirits, appetite and strength. She had slept well the previous night, and in the morning, without asking leave, had her clothes changed and her bed made; and when visited, soon afterwards, she was very languid, unwilling to move, not faint but "terribly tired." From this state of depression, she never rose; her slight stock of strength had been entirely wasted by this unnecessary exertion, and she died in three days afterwards.

On examination after death, the tumor was found to be detached —hanging by a few shreds only. The pelvic organs were healthy, cicatrization perfect, the strangulation of the tumor having thus been effected without inducing peritonitis, and with comparatively slight constitutional irritation.

Case III.—A young woman, æt. 23. Second confinement. She stated to Dr. Channing that she had unusual pain and hemorrhage during the delivery of the placenta. Was unable to nurse the child on account of deficient nipples, and flowing continued for a year, almost without interval. The exhaustion became extreme, and she seemed to be failing rapidly.

In this, as in the other cases, an ineffectual attempt was made to re-invert the uterus before applying the ligature. She was unusually sensitive, and it was sometimes necessary to change the pressure of the ligature three or four times in the course of a day. The tumor was separated in about a fortnight.

From the symptoms which attended these three cases, it is probable that inversion occurred at the time of delivery. There is reason to believe, however, that it may take place gradually, and some evidence is offered to show that it may occur considerable time after an apparently natural delivery. A case is quoted by Dailliez, in which inversion had taken place in a second confinement, and was successfully reduced. A third labor was natural, and on the fourth every precaution was taken to avoid the accident, at the time, and during her convalescence; but on the thirteenth day, while sitting up for an evacuation, the inverted uterus, of the size of a fœtal head, suddenly protruded externally.

Levret, in his treatise on polypus, cites the case of a woman who applied to a surgeon on account of certain uncomfortable sensations that came on five years after the birth of her last child, then 10 years of age. A pessary was applied, on the presumption that the symptoms were caused by prolapsus, and she was still wearing it, when, five years later, she consulted Levret, who detected inversion of the

uterus. In the former case the attendant, with the apprehension of the accident before him, was satisfied that no inversion existed previously to the thirteenth day; and, in the latter, five years of uninterrupted health had intervened between the parturition and the symptoms of inversion.

A similar case to this may be found in the *Med. Times and Gazette*, 1855. The patient had been in good health, with the exception of pain in the back, for two and a half years after the birth of her last child. For the two following years had incessant hemorrhage, and on examination she was found to have inversion, which was successfully operated on by Mr. Teale, by means of double ligatures. Mr. Teale's remarks apply equally well to both cases. "That the inversion, if it occurred at the time of the last labor, must have been unattended at the time by any of the symptoms indicative of the accident, and must have remained two and a half years without causing inconvenience, which is highly improbable. On the other hand, if it occurred two and a half years ago, when the symptoms indicative of it commenced, it is remarkable that it should have arisen independently of polypus or pregnancy."

We can readily imagine how easily a flaccid uterus may be inverted by a moderate force applied from without or within. The causes most commonly assigned are a hurried delivery in the erect posture, and traction on the placenta while yet attached. The uterus also may contract sufficiently to detach the placenta, but not with energy enough to expel it; and if traction were made while the placenta was thus enclosed in the cavity, a vacuum might be produced and the uterus thereby drawn downward. I am not aware that inversion has ever been attributed to such a cause, but I should consider it unsafe to extract by the funis without at the same time raising up an edge of the placenta wherever there was any undue resistance to its descent.

Besides the effect of mechanical force, it has been maintained that inversion may be spontaneous; that the uterus, on account of its previous condition, and by its own action at the moment, inverts itself. Mr. Crosse "does not believe that inversion can ever be spontaneous in this sense," and that some mechanical force is at least necessary to commence it. This could not be disputed if the uterus were an inorganic sac; but when we consider its irregular spasmodic action — sometimes annular, sometimes longitudinal, sometimes limited to a small portion, sometimes involving the whole organ, it is not unreasonable to admit that an inversion should be initiated, as well as completed after having been commenced.

Rokitansky supposes that paralysis sometimes occurs in the portion of the uterus to which the placenta was attached, and that inversion may be the result of the unequal action. Be this as it may, there can be no doubt that though often the direct result of gross ignorance and violence, it has also happened to the most careful and judicious, not only without their agency, but in spite of their efforts to prevent it. Mr. Crosse remarks that this should be kept

in mind, in order to remove every inducement for concealing what has happened, for the truth will in the end be equally advantageous both to science and the public.

"Uterine inversion has been mistaken more often in proportion to its frequency than any other malady of its class, or perhaps of any class." Besides the mistakes in diagnosis acknowledged by Velpeau and other eminent surgeons, Mr. Crosse cites one specimen which had for years been considered an inversion of the uterus, and was put up as such in a pathological museum, but which he demonstrated to be a fibrous polypus, originating just within the cervix, obliterating the os and at length causing atrophy of the body of the uterus. The existence of the distinctive mark—the circular furrow of uniform depth around its upper portion, together with an unvarying size—will ordinarily serve to distinguish inversion from polypus; but exceptional cases require the aid of the other means of diagnosis. I lately examined a tumor, corresponding in size and uniformity of surface to an inversion, where, owing to an unusually horizontal position of the uterus, the sound could not be passed freely, and it was difficult to say whether at any one point it penetrated more than the depth of an inch. It proved to be a fibrous polypus, with broad attachment within the neck. In general, the physical signs of inversion are positive and admit of being defined —a consideration of some importance as an element in diagnosis.

In these three cases, the previous history and the distinctly-marked sulcus left little room for doubt; but it was also ascertained, by pushing upward the vaginal cul de sac and making a corresponding pressure upon the pubes, that the uterus was not in its place; and by examining through the rectum and vagina, the whole organ could be comprised between the fingers. In one of the cases, also, I was able to trace the course of the left round ligament into the opening of the sac formed by the inversion.

In reference to treatment, it was to be borne in mind that the chief danger arose from exhausting sanguineous or serous discharge attendant on menstruation—that some subjects were able to tolerate inversion without serious inconvenience, either because the menstrual function was not materially disturbed, or that it ceased prematurely, or that they had strength enough to withstand the hemorrhage until they had reached the period of its natural cessation. Some instances of recovery have followed the natural process of sphacelation; but if it occur at all, it would be looked for within the first few days, though in one case, cited by Mr. Radford, it did not occur till six months, and in another not until six years after delivery. The account of the latter case may be found in the *Dict. des Sciences Médicales*, xxxi., 219. The subject of the inversion, which, from its symptoms, probably protruded externally, was a hard-working woman, and the tumor was much irritated by the contact of urine and unavoidable friction. At the end of six years it increased in size, became livid, was covered with eschars, and was finally detached and thrown off. She recovered and lived

three years in good health. On examination after death, the uterus was found wanting, its place being occupied by part of the small intestine. Owing to imperfect cicatrization, it was found that the handle of the scalpel could be passed freely from the cavity of the pelvis, through the neck of the uterus, into the vagina; a condition which was presumed to account for a sensation of cold in the abdomen when she was not carefully protected by clothing.

The probabilities of spontaneous re-inversion would hardly enter into a calculation, though evidence of the fact is well attested. Two cases, especially, have been recorded by Dr. Meigs, which were verified by himself and other gentlemen of eminence, after a most deliberate and careful examination.

The first duty, of course, is to attempt a re-inversion, and to this end full etherization is requisite. We tried this unsuccessfully; and a statement of Velpeau, that he was unable to effect it, after death, shows that it is sometimes impossible. But the fact that reposition has sometimes occurred spontaneously, and the few instances in which it has been accomplished by art, warrant a persevering though cautious trial. We may be fortunate enough to meet that peculiar junction of forces, just balancing between relaxation and contraction, that needs but little aid to be effectual. One thing which is felt to be essential to success, is a fulcrum on which to operate; for the vagina affords a very unsteady resistance, and would be in danger of laceration by a force sufficient to make an impression on the uterus. The upper part may be reached and steadied by one or more fingers through the rectum; but a still more judicious manipulation is that first employed by M. Barrier, who under full etherization introduced the whole hand into the vagina, and having entire control of the uterus, successfully restored it by pressing up the fundus with the thumb, while the upper portion was held firmly by the fingers.

The attempts at reposition having failed, we were to consider the expediency of an operation for its removal. The occurrence of spontaneous separation by gangrene would seem to imply that the vitality of the organ is lowered by its unnatural position, and that it would more readily yield to a ligature. In point of fact, the mortality after operations was about one in four; but if it were even still greater, it would certainly be proper to operate if the patient were in immediate danger, or if, judging from the rate at which she has been sinking, we have reason to believe that she will soon have lost the only favorable time for recovery.

The nervous system may become so shattered as to be unable to bear the first shock of the ligature. "A woman, who for five months had been exhausted by hemorrhage, pain and want of sleep, entered the hospital at Lyons for removal of what was considered a fibrous polypus. She was represented to be frightfully pale and subject to frequent fainting. The outcry of the patient on the tightening of the ligature revealed the existence of inversion. It was immediately removed, and she was placed in bed, but, notwith-

standing every care, died on the fifth day. On examination after death, there was no evidence of peritonitis or other lesion, and we may fairly presume that the result would have been different if the operation had been done earlier.

The ligature has proved to be the most successful means of operating, but a very important question arises in regard to the mode of applying it—whether the strangulation shall be immediate or gradual. Immediate strangulation has been successfully practised, and on the same principle as for the removal of polypus. The two cases, however, are not analogous. The one is a sensitive, vital organ; the other an insensible outgrowth. Polypus, it is true, occasionally has a sensitive covering, prolonged from the part it springs from; but this is superficial, and is annulled by the first constriction of the ligature. On the other hand, not only must the vitality of the uterine walls be destroyed, but adhesion of the peritoneum must be effected in order to efface the cavity.

In each of these cases immediate strangulation was attempted, but the failure of the pulse and other symptoms of sinking made it necessary to desist; and throughout the treatment the pressure of the ligature was altered, even three or four times a day, but so as to maintain a degree of constriction that could be safely tolerated with the aid of opium and ether.

I should have stated that the ligature employed was a small linen cord.

Dr. Hunt, of Buffalo, mentions 14 cases of operation—4 of which were fatal. These were collated in 1853. He does not give the references, but states that "many, perhaps most of his cases are included in Mr. Crosse's statistics, and that adding the two together we have 12 deaths in 47 operations." The mortality deduced, by Mr. I. G. Forbes, from 27 cases, some of which, no doubt, were referred to by Dr. Hunt, is not materially different.

I subjoin the following, that have been published since 1853.

Dr. Giddings. *Charleston Medical Journal*, 1854. Entire inversion of "many years standing." It hung between the thighs, and was of the size of the fœtal head at the term. Removal successfully effected by ligature and incision.

Mr. Teale. *London Medical Times and Gazette*, 1855. Partial inversion. Removed successfully by double ligatures, five years after the last parturition.

London Lancet, 1855. Sequel to an operation by ligature performed 36 years ago. The health had, in the interval, been re-established, and at the autopsy cicatrization was complete.

Mr. Oldham. *British and Foreign Review*, 1856. Two cases of successful operation by ligature, in one of which it was applied for removal of polypus, but included a portion of the uterus which had been dragged downward.

Since the above, Dr. D. H. Storer has successfully removed, by ligature, an inversion of three years' standing.

Adding to this collection the three cases I have reported, we have

nine cases of operation. One of them proved fatal, as I before remarked, not in consequence of the operation, but on account of ill-timed exertion afterwards. Including it, however, we have one fatal and eight successful cases. The inversion was partial in all but one of the cases—that of Dr. Giddings, in which "the incision passed through the walls of the vagina."

FOUR MONTHS IN EUROPE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Having recently returned from a four months' tour through parts of France, Italy, Austria, Prussia, Germany, Holland, England, and Scotland, which I was induced to take, with a view to improve my somewhat impaired health, by relaxation, for a while, from active and laborious professional life, and for general observation and improvement in the practical department of our profession, I cannot but feel that I made one discovery worthy of being recorded and made public.

Rapid as I made a journey of over 11,580 miles, in but a few days over four months, yet I made it my business to visit most of the Medical Institutions, Hospitals and Museums of all the important places through which I passed.

My particular department led me to make the acquaintance of the most distinguished surgeons of the several countries above named, and especially to renew the acquaintance of some whom it had been my pleasure to meet for the first time in 1841, and again in 1848. Among those of the former class, in England and Scotland, were Mr. Hey, late of Leeds, but now surgeon of York Hospital, and grandson of the celebrated ophthalmic surgeon of olden times, and of the former place; also at Edinburgh, the grandson of the surgical author, Sir Benjamin Bell, whose given name, if not title, has descended to the third generation. Through my old and much-esteemed friend, Prof. Handyside, I was introduced to the world-renowned Prof. Simpson, the discoverer of chloroform as an anæsthetic, and equally celebrated for his treatment of female diseases.

When it was not convenient to obtain an introduction to surgeons in any other way, whose acquaintance I desired to make, my practice was to present my card, and in this way, in true Yankee style, introduce myself. On one of my visits to the Royal Infirmary of Edinburgh, I inquired for, and presented my card to, Prof. Syme; when I took occasion to remind him that I had been introduced to him some years since, both in that place and in London. In the same Hospital and in the same operating theatre we were about to enter, I reminded him of my being present, and having witnessed his performance of two surgical operations in 1841—that the late Sir Chas. Bell was also present, by whose side I had the

honor to sit, and who remarked, as Mr. Syme was about to commence an operation (on observing that he was provided with dark long cuffs drawn over his coat sleeves, and closely buttoned to his wrists), that "That was the greatest improvement which had been made in practical surgery for the last quarter of a century." Before I had time to repeat the above quotation, it was on the tongue of Mr. Syme, who remembered the circumstance very distinctly.

If Sir Charles could have been present to witness the amputation of a leg below the knee, by Mr. Syme, in July last, as I did, without his having on the extra cuffs or sleeves—having on a handsome dress coat, with only the borders of the cuffs turned over, and beneath them, clean shirt wristbands, extending down to the back of his hands; and yet, so dexterously and neatly was the operation done, that not a drop of blood reached any of his garments—perhaps he would have been induced to say that Mr. Syme had made still further improvements in the art of *operative* surgery.

I was quite anxious to visit Dr. Chas. Clay, of Manchester, the celebrated ovariotomy surgeon. I introduced myself with my visiting card. He received me with the utmost frankness and cordiality, and, in a few moments, we seemed to be as intimate as old and familiar friends.

He practises general surgery—but has much of his time employed in the treatment of female diseases. His forte, or specialty, if you please so to call it, is the operation for the removal of ovarian tumors. This was the subject of our conversation—and in a few minutes he invited me to visit with him a patient upon whom he operated six days before for the removal of a large ovarian tumor. In my presence he removed most of the remaining sutures of an extensive abdominal wound, which had all united "by the first intention," except at the lower point occupied by the ligature placed around the vessels of the broad ligament and Fallopian tube. The patient was cheerful, and in good condition, and in every respect the appearances indicated a speedy and perfect recovery. This was his seventy-sixth case; and he informed me that he had on hand another, a lady from Liverpool, upon whom he should operate the next week. He politely invited me to remain in the place, and be present at the operation. My return passage was taken in the steamer Atlantic, which compelled me to forego the pleasure of such a surgical treat, and to make my way to Liverpool.

Dr. Clay proffered me a letter of introduction to Mr. Beckerstith, of Liverpool, who sent to Mr. C. the patient upon whom he was about to operate. In the absence of the senior Mr. Beckerstith, to whom the introductory note was addressed, I was received by his son, a young surgeon of much promise, and who invited me to witness an operation for lithotomy which he was to perform on the day of the sailing of the Steamer—at an hour, however, too late to permit me to have embraced it.

Here, in justice to my own feelings, I cannot but express my high appreciation of the kind and friendly attentions I received at

the hands of the Edinburgh and Glasgow surgeons, as well as those of the Provincial surgeons of England. I am especially indebted to the politeness of Prof. Simpson and Dr. Handyside; and I am constrained to add, that I should feel still further gratified if I could say the same of some of the surgeons of the great metropolis of England. But I find I have wandered from my subject, and I fear have laid myself open to the charge of "advertising myself!"

I have said that I made one discovery worthy of being made known, even to the American medical profession. While in London I visited St. Paul's Cathedral; not particularly, however, with a view to examine its immensely magnificent structure, as I had done so years before, but with a view to see the monument that had been erected, since my last visit, to commemorate the name and fame of Sir Astley Cooper, one of the most noble and skilful surgeons of his or any other age. I am no "man-worshipper," but if I ever looked upon and venerated any man as being worthy of all confidence in the art and science of surgery, it was Sir Astley Cooper. While living, I had an intense desire to see the man of such world-wide reputation as a surgeon; but in this wish I was never gratified. He died but a short time before my first visit to London in the spring of 1841. But how shall I express my surprise at seeing chiselled in the marble, intended to represent his noble and majestic figure, that he died in 1842! On making this discovery, I directed to it the attention of the sexton, or person having charge of the building; who, of course, was unable to explain the error, or to throw any light upon the subject. I left London shortly after this visit to St. Paul's—and it was not till I had visited Scotland, and on my return, had reached Liverpool, that I could refer to the published date of the death of Mr. Cooper. On mentioning the subject to surgeon Beckerstith, he immediately repaired to his library, which was very extensive, took down a volume of Sir Astley Cooper's Biography, and soon turned to the point, where it stated that he died "six minutes past one, P. M., on the 12th of February, 1841, in the 73d year of his age." Lest I might have been mistaken in my impression as to the inscription on the monument, I wrote back from Liverpool to an old friend in London, requesting him to visit the monument, and to report to me in writing. Since my return to America, and within the last few days, I have received a letter from him, in which the mistake is confirmed.

So far as the fame and good name of Sir Astley Cooper is concerned, it matters but little whether the inscription on the monument be correct or not, as to the precise time of his death. No matter, even, if no monument at all had been erected to perpetuate his memory, so long as that memory shall be cherished in the hearts of the profession, and among the people at large; and while his published works on surgical subjects remain the monuments of his industry, of his skill, and of his benevolence, it matters little whether an error, inscribed, even on marble, exist now or not.

But when we reflect, that generation after generation, for centuries and for centuries, may pass away; when we consider the perishable and combustible material of records in manuscript and in books, it would seem proper that the marble, safely deposited as it is in a structure that has stood the test of time and the influence of the elements for many centuries, should be made a faithful record of the earthly end of Sir A. Cooper.

The Londoners may think we are meddling with that which does not concern us, on this side the Atlantic, and that we have no right to suggest a correction of so gross an error. Although Sir Astley Cooper was an Englishman, and lived and died in London, yet his professional reputation belonged to no nation, but to the world,—and I will assure our transatlantic friends, that, as Americans, we cherish his memory.

Albany, N. Y., Sept. 11th, 1856. ALDEN MARCH.

OPERATIONS FOR THE CURE OF NATURAL FISSURE OF THE SOFT PALATE.

[Communicated for the Boston Medical and Surgical Journal.]

FROM my experience in two cases, and from the attention I have given to the subject, I have drawn the following inferences in regard to it. 1. Considering the important object to be gained by the operation, it is neglected in by far too many instances. 2. That the difficulties attending it, though considerable, are seldom insurmountable, and that they are too generally overrated.

In my first case, that of Miss Matthews, of West Springfield, the fissure extended entirely through the soft palate, and, when the parts were at rest, was about an inch in width. The operation was performed on the 23d of March, 1855, as follows, without any previous preparation of the patient. The left depending portion of the bifid uvula being seized with the forceps, the left margin of the cleft was pared off from below upwards. Then the opposite margin was served in the same way. At the commencement of this first step in the operation, an assistant was desired to hold down the tongue with a spatula; but finding this to obstruct rather than facilitate the operation, it was early dispensed with. Waiting for the hemorrhage to cease and the patient to become composed, three double sutures were passed through the left side from before backwards, by means of short slightly curved needles held in the grasp of a French torsion forceps. Then, introducing three single ligatures through the opposite side in the same manner, and passing their inner ends through the loops of the double ones, and withdrawing the latter, of course brought the single ligatures through the left side also. The fissure was then closed by the tightening and knotting of the ligatures, which was easily effected by running up the knots with the forefingers of each hand. In this case, the edges of the fissure came into contact with but little strain. The difficulties to be over-

come, and the necessity of frequently suspending the operation to allow the patient to get breath, the hemorrhage to subside, &c., prolonged the operation. Including all delays, the time occupied was considerably under two hours. Talking and swallowing were prohibited for twenty-four hours, after which the patient was allowed to take liquid food. At the end of three days the upper suture cut out, leaving a hole of the size of a goose quill. This, however, was soon filled up by granulations. Another suture came away on the 6th day, and the third was taken away on the 8th.

I saw this patient eight months after the operation, and found the line of union perfect—except about the eighth of an inch at the extremity of the uvula. Her speech was much improved and still improving, so that, a year hence, it is probable that but slight traces of this embarrassing deformity will remain.

Case II.—Early in March, 1856, I was requested to see Miss M., of this city, with the view of closing a cleft extending entirely through the soft palate. At my first examination I almost declined the operation, for the cleft was so wide, and the flaps so scanty, that I despaired of success. In fact, when the throat was irritated the flaps almost disappeared against the sides of the fauces. However, on reflection, as it seemed that the operation would not, even if it failed, make matters worse, it was determined upon. After carefully paring the margins of the cleft, four sutures were introduced by means of curved needles, from before backwards on one side, and from behind forwards on the opposite side. I found it, however, difficult to introduce the needles from behind forwards, with any precision, and consequently I got two of the sutures on that side too near the margin. I then determined in future to always introduce the needles from before backwards, because I could then see accurately the points of insertion. In drawing the flaps together and knotting the threads, I found the strain so great that I did not dare to press the cut margins together; but preferred to merely bring them to just touch each other, trusting their close approximation to the swelling which was sure to follow. Four hours after the operation, I found that the swelling had produced the desired effect. All now depended on the sutures. As I expected, the two above spoken of cut out on the side, where they were introduced from behind forwards, at the end of two days and a half, leaving the union there defective. In every other part it was perfect. On the 5th of May I pared off the margin of the hole left, which was round, and about half an inch in diameter, and inserting one suture, drew the sides together. Perfect union followed; the stitch came away at the end of eight days; and the parts soon recovered from the soreness caused by the two operations.

How far the faculty of speech will be improved in these cases, remains to be seen. In the first, however, there has already been great improvement. The second occurred so recently that there has not been time for sufficient observation as regards this particular. Both subjects were considerably advanced in life, the first

being 28 and the second nearly 30 years of age. It is obvious that the earlier in life the operation is performed, the more improvement will be obtained. The importance of remedying this defect by an operation, when practicable, is obvious; affording, as it does, a satisfaction scarcely less than that of the most daring and important in surgery. I can hardly doubt that too little attention has been given to the subject, especially by country physicians. Those who have written upon it have exaggerated the difficulty of the procedures. If each step of the operation has been carefully studied and well understood, I am persuaded that no insurmountable obstacle to the successful accomplishment of it will be met with in the vast majority of cases. It has been supposed to be impossible to perform it in a young person; but, I think, without sufficient reason. Has it ever been tried in one 10 years old or under? I should have no fear of want of success in a moderately docile person 8 or 10 years of age, and in the first case that offers I shall make the attempt. When the parts are well and properly put together, I should as little expect failure as in cases of hare-lip in infants, which almost invariably unite.

It will be observed that I have said nothing about the division of the muscles which influence the soft palate, for I have yet to be persuaded that there are cases requiring such steps. No difficulty is found in other parts of the body in keeping large gaping wounds in contact, and healing them, with only a linear cicatrix, and I am convinced none ought to be found here. Hear what Mr. Syme—in my opinion the best English surgeon—says on this subject. "In wounds of the eyelid or cheek, even when attended with a considerable loss of substance, and when the raw edges are widely separated by the muscular contraction, no difficulty is found in uniting or keeping them together. It seems, indeed, as if, through some intuitive influence of the *vis medicatrix*, the muscles of the part concerned cease to contract with violence, and merely give that degree of tension or firmness which is well known to favor the adhesive process." I know that in the second case in which I operated, nothing could be more difficult than bringing the edges together, and yet union was perfect. The denying patients food immediately after the operation is bad, and calculated to retard rather than to facilitate union. In another case I should give food, liquid perhaps, but nourishing, with freedom during the whole of the healing process.

Springfield, Mass., Sept., 1856. DAVID P. SMITH, A.M., M.D.

Congenital Hernia.—M. Jobert (Rev. Med.-Chir., April, 1855) relates four cases treated successfully by *iodine injections*. The plan was proposed by Velpeau, eighteen or twenty years ago. M. Jobert does not cut into the sac, after Velpeau's method, but merely punctures it, varying the operation a little, according as the sac is full or not of liquid.—*Medico-Chirurgical Review.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 9th.—*Cirrhosis of the Liver.* Dr. GOULD reported the case.

M. W., widow, æt. 31. Irish. Entered the Hospital Jan. 15, 1856. Her youngest child was born eight years since, after which the catamenia never re-appeared; but she had had frequent attacks of epistaxis, and been subjected to hard labor and privations. Two months since she perceived swelling in the abdomen, which had continued to increase, causing dyspnœa; the abdomen measured 43 inches in circumference; the legs were sometimes œdematous. The urine had been decreasing to about ʒxii. daily; density, 1.023; acid, with a moderate deposit of oxalate of lime and epithelium scales; no excess of urea; no albumen. Abdomen resonant above, dull and fluctuating below; some tenderness at the epigastrium and about the umbilicus. The os uteri appeared like a small fissure buried at the arched termination of the vagina, no cervix being apparent. The uterine sound was readily introduced to the usual extent. From Feb. 12 to May 10, she was tapped five times, discharging from twenty to thirty pints of fluid each time. No tumor could be made out after tapping. She was treated with alteratives, diuretics, cathartics and tonics, some administered externally and some internally, without any marked increase of urine or diminution of other symptoms. No moisture of the skin was detected except once after opium. May 15th she got narcotized by mistake, and began to break down; mind at first a little wandering, succeeded by clamorousness, imbecility, stupor, and death on the 4th of June.

Autopsy.—Brain softer than natural, probably cadaveric; old adhesions of the *left pleura;* a cretaceous mass near the apex of the *right lung*, and two more in the lower lobe of the left. The *heart* very flaccid, weight ʒvi. The *peritoneal cavity* contained 21 pints of yellow, frothy serum; the *great omentum* adherent at each side to the parietes. *Liver* very small, reddish-yellow, rather thin, quite firm, but pliant; on the surface, especially along its free edge, there were numerous slightly elevated nodules, from one to three lines in diameter; the cut surface showed excess of the fibrous tissue, interspersed with nodules; weight ʒxxv. Under the microscope, free fat, in nodules; hepatic cells very granular, the intervening tissue having an amorphous fibrous appearance, and containing no hepatic cells. *Gall-bladder* contained dark, viscid bile. *Kidneys* discolored, but natural; weight ʒivss. *Genito-urinal organs* natural.

The history of this case would lead to the supposition that the ascites originated in the uterine system. This proved not to be the case; but it arose from cirrhosis of the liver, and this affection we think to be oftener the cause of abdominal dropsy than any thing else, where no tumor can be detected after tapping. A similar case occurred in a male, at the Hospital, which terminated fatally.

JUNE 9th.—*Excision of the Elbow-joint.* Dr. H. J. BIGELOW related two cases of this operation, as showing the result on the subsequent health of the patient. The patients were both males; in both there was caries of the parts, and in both the whole joint was excised; the humerus having been sawed off above the condyles, and the bones of the fore-arm an inch or more below the joint. In the first case, the patient recovered so far as concerned the arm, but died about one year after of dropsy. The other patient was tubercular at the time of the operation, and has not been worse since.

Dr. Bigelow remarked, in this connection, that where caries exists, this circumstance indicates a state of constitution unfavorable to the health of the patient after removal of the diseased bone by operation.

Dr. JACKSON asked if Dr. Bigelow had had an opportunity of observing the ultimate condition of the limb after this operation.

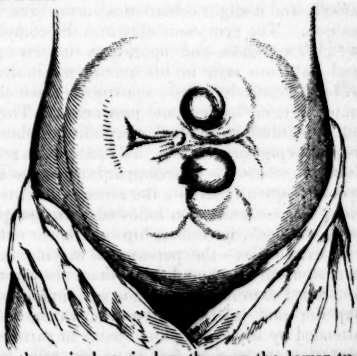
Dr. Bigelow replied that he had known flexion to exist to a considerable degree, where both condyles had been removed, in cases of fracture, but thought these were to be distinguished from cases of large excision for caries, where a useful joint is usually not established.

Dr. Jackson referred to a case which he saw in Edinburg. The patient had been operated upon by Mr. Syme several years before. The motions of the arm were very perfect, the patient being able to shake hands, to raise chairs, &c., with almost the same facility as with the other arm. Fragments of bone which were excised at the time of the operation, were also shown. This, Dr. J. stated, was a case of caries.

Dr. Jackson also alluded to a case of compound and comminuted fracture of the humerus, operated upon by Dr. Walker, several years since, in Brighton (*See Catalogue*, No. 181), in which two inches of the lower end of this bone were removed, the patient recovering with a remarkably good arm.

Dr. Bigelow thought this result pretty certain in cases arising from accident.

JUNE 9th.—*Ventral Hernia.* Dr. TOWNSEND reported the case. Dr. T. was called, on Saturday, May 17th, to visit a very corpulent female in a neighboring town, 60 years of age, with symptoms of strangulated hernia. The patient had had no passage from the bowels for four days; and there had been constant offensive vomiting. She had had ventral hernia for 12 years, for which she had worn a truss.



Upon examination, a tumor was found, three inches in diameter, situated below the umbilicus, on the left of the median line; also, another tumor, rather less in size, above the umbilicus, nearer the median line, the two being divided by a deep-seated band. The lower tumor was discolored by a truss which she had long worn. In the upper tumor, gurgling of the intestine could be distinctly heard, upon pressure. Ether was administered, but without effect.

Dr. T. then proceeded to the operation, by making an incision three inches in length over the lower tumor, through the skin and cellular membrane to the peritoneum, an opening being then made through the latter sufficiently large to admit the finger, through which the intestine and a portion of the omentum protruded. Passing the finger up to the band, a hernia knife was passed on its side beneath the band, when, the edge of the instrument being turned up, the stricture was divided. The existence of adhesions within the sac prevented the return of the intestine, but complete relief to all the symptoms followed, and the patient perfectly recovered.

JUNE 23d.—*Purpura Hemorrhagica.* Dr. COALE related the case. The patient, I. D., aged 12, had been a stout, hearty girl, but of late had been paler than usual, the pallor extending to the mucous membrane of the mouth, &c. There was no other departure from general good health, except a weariness after exertion, showing muscular debility. Unaccompanied by any general disturbance, purpura hemorrhagica appeared on the ankles in fine punctæ. In three days it had spread as high as the knees, becoming confluent at the ankles, and the spots generally being a line in diameter. On the fifth day, the disease exhibited itself on the thighs and arms; still the general health continued unaffected, with the exception of some degree of debility. The exhibition of elixir of vitriol was commenced at this time, and on the seventh day (two days after) the disease stopped. On the ninth day, the muriate of iron was substituted. On the fourteenth, the effects had nearly passed away, and on the nineteenth, entirely. The treatment was omitted a week after, when there was a slight return of the disease.

JUNE 23d.—*Supposed Poisoning by Copper.* Dr. SALTER reported the case.

J. B., a weaver, aged 27; married; of good constitution; strictly temperate in all his habits; had enjoyed excellent health, from early childhood up to the middle of March, 1856. He arrived in Boston from England, November, 1855. Not finding employment in his particular occupation, he engaged himself to a coppersmith. As he was not particularly skilled in any department, he acted in the capacity of a general hand—the man of all work. It was about the middle of March that he first noticed any deviation from his uniformly good state of health. For some time previous to this period, he had occasionally noticed a peculiar sweetish taste in his mouth, and a slight constriction in the fauces, attended by a slight sense of nausea. The symptoms of which he complained were a peculiar sense of weight, weakness and oppression in the epigastric region, a disagreeable and nauseous taste in his mouth, diminution of his usual appetite, which at length entirely failed; constipation, which ultimately became very obstinate; general languor and prostration. These symptoms were soon followed by cardialgia, morbid sensibility of the epigastric and hypochondriac regions, epigastric sinking, a disposition to remove some offending substance from his stomach—unaccompanied by nausea—for the ejection of which, he would frequently irritate the fauces with his finger; and epigastric palpitation. These were soon followed by neuralgic pains in various parts of his body, stomach, intestines, hips and lower extremities, chest, head and superior extremities—the paroxysms varying in intensity and duration, more persistent in head and hips than elsewhere; great weakness of the hips and lower extremities; giddiness; numbness in different parts of both the superior and inferior extremities, which, under certain circumstances, was attended by intense pricking pains in various parts of the body; a peculiar sensation of the right hand and fore-arm, consisting in a sense of constriction of the different parts, and of great increase of size—it seeming to him, at times, to be larger than his whole body, and its motions not fully under the control of his will; also, a difficulty in passing his urine—consisting in a painful inability, requiring considerable time and effort to relieve the bladder. He had also shortness of breath, occasional paroxysms of coughing, unattended by any physical signs indicative of disease of the lungs; great wakefulness; profuse night sweats; rapid emaciation, and great depression of spirits. When first seen, on the 17th of May last, the patient

presented no striking indication of indisposition except a degree of pallidness and thinness of the face; but he detailed, in a very intelligent manner, the various symptoms already related. His tongue was coated with a light-brown or cream-colored fur, except the edges and tip, which were clean, and of a pale-red color—the whole tongue being moist. The gums were lax and spongy for about 3-16 of an inch from the teeth, through nearly their whole extent, and for the same extent their edges were withdrawn from the teeth; he had occasionally spit blood from his mouth, especially in the morning, on rising from bed. The pupils of his eyes were preternaturally dilated, and exposure to a strong light did not perceptibly lessen the dilatation. His pulse ranged from fifty-eight to sixty-two beats in frequency, was rather slow, moderately full and regular, but weak. This man continued at his employment nearly all the time, until this period.

The pathological conditions of this case, in many respects, resembled very closely those of that form of protean disease called dyspepsia; but the differences were very striking and peculiar, and, together with the knowledge of the fact of the patient's exposure to the dust and fumes arising from the processes of breaking up and repairing old, and the soldering, polishing and tinning of new copper, suggested to my mind the probability of its being a factitious case of disease. The man had been peculiarly exposed to the noxious influences above referred to, and may have been possessed of a constitution of more than ordinary susceptibility.

The treatment consisted in directing the patient, first of all, to abandon his employment. The remedies which appeared to me most appropriate for his relief, comprised opium, conium maculatum, phosphate of iron, strychnia, alcohol, and compound extract of colocynth—adapted and administered so as to meet the exigences and answer the general indications of his case. Under this course of treatment the patient has greatly improved, and is rapidly regaining his usual health and vigor.

Dr. Bethune asked if lead were not largely used in copper establishments; to which Dr. Salter replied that such was the case.

Dr. S. further remarked, that after he had drawn up the account of the case, he noticed a peculiarity of the gums which had before escaped notice, on account of the spongy turgescence which existed. The peculiarity referred to, consisted in a striking contrast of color between the edge and other portions of the gums. The edge was retracted or drawn from its natural contact with the teeth, in such a way as to give the appearance of a very narrow bevelled surface throughout their whole extent. It was on this bevelled surface that the color was most striking and intense—*a delicate shade of red purple.* He was unable to determine what relation this had to the case. It might be a consequence of the previous ill condition of the gums, or connected with the patient's general condition, as being affected by the action of copper. But this we leave to be determined by future observations.

In "*Braithwaite's Retrospect*," Part 30, page 303, is a notice of several cases of poisoning by copper, reported by Dr. Corrigan in the "*Dublin Hospital Gazette*," many of the symptoms in which bear a striking resemblance to those in the above case. There existed the colicky pains, loss of muscular strength, emaciation, and cough without the physical signs to account for it. In one respect there was a marked resemblance in all the cases, this being a *peculiar condition of the gums.* Dr. Corrigan remarks, "that the color of the gums was quite distinct from that produced by lead;" and he further states that he considers "the retraction of the gums with a

purple edge as the *peculiar characteristic sign*" of poisoning by copper, while a "blue edge" seems to distinguish cases of poisoning by lead.

Bibliographical Notices.

Address to the Graduates of the Vermont Medical College, of the Class of 1856. By Wm. Henry Thayer, M.D., Professor of Pathology and the Practice of Medicine. Keene, N. H. 1856. 8vo, pp. 16.

We can hardly speak too highly of this production; it evinces a thorough appreciation of the duties of our professional life, and the language is at once lucid, forcible, and easy of comprehension. There are no stilted expressions, no attempt at fine writing; all is plain, sound teaching, possessing that best beauty of composition—*truth*, told in an earnest, yet pleasant style, and evidently from heart-felt conviction.

Dr. Thayer says to the graduates, very sensibly, that contention with quackery is but lost labor;—it is, we might add, a mere *wasting of pearls*. Hear him:—"Are you to attack the fallacies in opinion and the absurd practices that you meet with in regimen and medical treatment? Are you to enter the lists against any of the follies of the day, to unmask the deceptions of homœopathy and expose the shallowness of the water-cure?—Are you to carry on war with every phase of charlatanry as it arises? No. Men cannot fight with so unequal weapons. You may as well undertake to reason with your horse, as to address arguments to those who are totally ignorant of science, whose empirical rules are like the baseless fabric of a vision, growing out of the eccentricities of a dreamer, and owing their encouragement to the love of novelty and the credulity of the ignorant."—Sound and good!

The writer refers to the benevolent character of the profession, and sums up a physician's duty, in one respect, as follows:—"We take it up (i. e our profession) as a means of earning a living, but we practise it with the understanding that our services are never to be refused to those who are too poor to buy them at their rated value. It is proper that the regular fees should be liberal, and exacted as strictly as those of any other men, of those who are fully able to pay for our services. But the poor must never be turned away from your door, because they are poor." This is the creed and the practice of the profession, generally; and we may remark (what has often been said), "exaction" of fees is the exception, not the rule. They *ought* to be exacted, when not freely paid by those "who are fully able." The physician is too often the first one thought of *in emergency*, and the last, when the danger is past.

This discourse is full of practical advice and wise hints for conduct; it is written, moreover, in an independent style, which does credit to the author. While he concedes all that is properly due to "conformity to the general views of the community and the world," he believes it is carried too far; that "its excess is *the* American vice; individual thought and action are swallowed up in it." We believe this to be too true; and especially is it so, as Dr. Thayer adds, "in that we dare not differ from others in the least of our habits—we sacrifice grace, comfort and health to the tyrannical dictation of fashion."

This valedictory will repay a perusal by those who are already far upon the road of professional life, and may well be a guide to those just setting forth upon their journey.

Address to the Medical Graduates in the University of Vermont, June 4, 1856. By CALVIN PEASE, President of the University. Burlington, 1856. Pp. 35.

THIS is a good address, and well suited to its object, viz., that of imparting suitable advice to a class of medical graduates. At no epoch of the course of study are words of instruction, warning and encouragement more needed; and the responsibility of the teacher selected to speak them is indeed great.

The writer fitly alludes to the peculiar confidence placed by patients in their physician, and very properly insists upon the necessity of justifying it. This alone separates the true physician from the reckless and unprincipled quack.

The duty of the physician to act conscientiously, is commented upon: "Such a man will let no opportunity slip of augmenting his knowledge, of improving his skill, and of extending and giving value to his observation and experience. Such a man, too, will be scrupulously careful as to his own personal habits. His obligations to avoid all low and sensual indulgences are twofold, &c." The writer here refers, particularly, to the physician's duty to his patients and to the profession; not bringing forward his recognised "obligation as *a man*." Everything he says upon these points is well said; and, if heeded by his hearers, will prove to them of untold benefit.

The great advantage of general literary culture and taste is spoken of; and, as we think, very wisely commended.

The imperious demand for all the attention possible to be bestowed by medical men upon professional improvement, is faithfully inculcated. "You must yourself *observe*, but the observation of another may materially *modify* your own; and that of a third may first detect the *principle* which rules in them all, making all *one*, with an *assignable* difference. You must *reason* on your experience, and on the experience of others. * * * "—(p. 24.)

We are glad to find the *manners* of the medical man referred to as of no slight importance. It is well known that various eccentricities of manner and bearing have not only been tolerated in, but have even proved advantageous to, physicians; so much so, that they have been counterfeited, by those not possessing them naturally, in the hope of obtaining a similar notoriety and success. This is, however, dangerous ground to take; and we gladly endorse President Pease's remark "that the physician should be a *kind* and *courteous* man. He should be a gentleman, in the best sense of the word." (p. 26.) "These four things, then, gentlemen (continues the speaker), ought to characterize you as physicians. You should be *learned, virtuous* and *courteous;* you should also be *religious* men." (p. 31.)

Very truly and appropriately, also, are the graduates told, at the close of the discourse, that their profession "furnishes ample scope for their best powers; it demands the exercise of every human virtue; it furnishes occasion for the display of every accomplishment and every grace; and therefore affords a basis for an enduring and honorable fame." (p. 32.) A few remarks upon the intention and endeavors of the present officers of the University, together with fitting reference to former Instructors, close this excellent Address.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 11, 1856.

To make room for the favors of correspondents, and a portion of the editorial and bibliographical matter which has been some time in the printer's hands, a few extra pages are included in our issue this week. The occasional adoption of this plan hereafter, or a more permanent enlargement if required, will allow space for the insertion of any papers which our friends may contemplate preparing for the Journal.

Many of our readers will be glad to see, from the pen of Prof. March of Albany, in the Journal to-day, some account of his late visit to Europe. His familiar acquaintance with surgery, and its practitioners, on both sides of the Atlantic, renders anything from him on the subject interesting and instructive. It will be seen that he refers to a singular and important error in the inscription on the tomb of Sir Astley Cooper.

ROUTINE TREATMENT.

It is characteristic of the advancement of medical science, that the treatment of disease is becoming more rational, and less a matter of routine. Formerly the treatment of almost every patient was conducted in conformity to rules which admitted only of limited modifications, according to the particular case. Venesection was employed at the outset; even those whose exhausted energies seemed to call most loudly for a supporting treatment were not exempt from this universal remedy. And although modifications in the type of diseases, and in the human constitution, have induced corresponding modifications of treatment among intelligent practitioners, there are, even now, not a few who still adhere to the lancet as a necessary preliminary, in almost all cases, to the administration of drugs. After blood-letting, followed an emetic, without much regard to the nature of the disease or the state of the patient's constitution. Mercury was formerly given regularly in many diseases for which its use is now abandoned, though we fear that, even now, patients are occasionally salivated in typhoid fever, from an obstinate adherence to long-established custom.

Notwithstanding the great improvements in treatment resulting from a general diffusion of enlarged and rational views, a strong tendency to routine practice still prevails. This is seen even in the abandonment of certain modes of treatment rendered unpopular from the effects which have followed their abuse. There are practitioners who systematically abstain from depletion, who boast that they have not drawn blood for years in a single case. We endeavored to show, in a former number, that there was danger of this valuable remedy falling into neglect, and that dangerous inflammations, particularly of the lungs, may prove fatal, which might in some cases have been arrested or controlled by an early and free bleeding. The treatment of women after delivery, in ordinary cases, is quite a matter of routine. The swathe is tightly applied around the abdomen, a dose of castor oil is given on the second or third day, a diet of slops for a week, animal food often not for fortnight, the horizontal posture for eight or nine days, &c. &c., which are adhered to with as much regularity as if all women and all labors were patterns of each other. The poor infant is often no less victimized by a prescribed treatment, as if congenital disease no less

than original sin were the lot of mankind. Happy is he who gets off with a dose of molasses and water; oftener, castor oil is poured down his innocent throat, and we have actually known a nurse propose to administer a teaspoonful of *urine* to a new-born infant, saying that there was nothing like a little clean chamber-lie for a baby!

Why must all patients with the same disease be treated alike? Why should a woman to whom child-bearing is almost a trifling affair, be subjected to the rigid diet and close confinement appropriate only to those in whom the effects of parturition are more serious? Why should she take a dose of oil on the third day when there are no symptoms which call for it, or have her breasts drawn and fomented and greased and kneaded, in order to prevent engorgements and abscess, means very likely to cause those very evils? Let us learn to be rational in our treatment; suit our remedies rather to the condition of the patient than to the name of the disease; to meet threatening and dangerous symptoms with prompt and energetic treatment, when needful, and to avoid active interference when the powers of nature are conducting the patient to a certain and speedy recovery.

MEDICAL PHRASEOLOGY, TERMS, &c.

Could one of the Fathers in Medicine be present at any of our professional meetings in these days, he certainly would be entirely unable to comprehend the language used. This, to be sure, may be pronounced a legitimate result of the great progress in scientific discovery; and particularly in the departments of physical exploration, of chemistry and microscopy. Hippocrates and Galen would be non-plussed at *some* modern descriptions of disease, even if rendered into good Latin and Greek; a process, by the way, not over familiar, at present, to medical men. Sydenham would certainly be puzzled at many things—at all events, at many words—could he listen to descriptions of cases and specimens. We should like to observe the effect upon his ear and comprehension, of such words as leucocythemia, angeioleucitis, atelektasis pulmonum, fibro-plastic, blastema, cell-growth, cell-therapeutics, spirometry, epithelial cancer, plasma, scrofulosis, &c. &c.

Without presuming to animadvert upon the existing nomenclature, which, in so far as it is based upon accurate observation, and manifests, by the component parts of its many long terms, the nature of the part, property or ailment they designate, is well enough; we still believe there is a great disadvantage in continually introducing new words. Unless not to be dispensed with, a compound, novel term is a nuisance, in the most legitimate sense of that expressive word. If ever simplicity in description, with short, significant words and sentences, be desirable, it is in compositions relating to medical and surgical cases.

What is far worse, however, than addition of terms by the truly learned and studious, is the *affectation* of their style by their antipodes in acquirement. It is too often the case that points of great interest are obscured or lost by reason of inflated descriptions and a desperate endeavor after sounding, and frequently inappropriate, words.

A comparatively new habit of writers often strikes us unpleasantly in medical composition; and that is, the *too* abbreviated style. Are not the definite and indefinite articles intended for use? Sometimes, page after page is written with a studious avoidance of these really necessary words. It would be better to insert *them*, and leave out some more pretentious ones.

Another thing is of no little importance, although to insist upon it may

possibly obtain for us the charge of hyper-criticism, or worse; in our view, it has a real importance. There are certain words which are exclusively medical; they are usually compounds, and of nearly constant use. While one such word will be always correctly spelt, another, very closely related, perhaps its nearest *congener*, will be docked of its fair proportions. This is done by the best professional writers of the day, and is especially evident in some of our own, and in certain foreign, periodicals. An instance entirely *apropos* is found in the mode of writing the term diagnosticate: it is getting to be very general to say and to write *diagnose;* why? we would ask. No one thinks of writing *prognose;* it is always prognosticate. This mangling is in poor taste, to say the least; and, unless avoided by good writers, will introduce many objectionable features into medical language.

THE "HOOP" QUESTION.

We rather prided ourselves upon the article, in the last number of the Journal, relative to this *structural* question. To our dismay, a learned medical practitioner of this city, meeting us a day or two since, inquired as to the paternity of the hoop editorial [we didn't tell him, luckily], saying very gravely, "that we had not fathomed the matter yet; that there was something behind all we had said about hoops [we hope so] that we had not reached, &c. &c." Our friend thought, moreover, that the subject was important, and "that quite a good article might be written upon it" ["fancy our feelings" as to *ours!*].

We can only say that nothing would please us better than an elaborate paper from the gentleman to whom we refer; we wish to go to the bottom of this matter whilst we are about it. Will the Doctor give us his ideas respecting these feminine surroundings, and enlighten us upon that "anatomy" of the subject which he declares we have not yet "got hold of"?

Massachusetts General Hospital.—We have received a very neatly-printed pamphlet, from Mr. Eastburn's press, containing the by-laws of the Corporation of the Massachusetts General Hospital, the rules and regulations for the McLean Asylum, and the acts and resolves of the Legislature referring to the Hospital. It will be found extremely useful to all who desire to become acquainted with the administration of this noble charity, and especially to physicians who may wish to send patients thither.

Boston Dispensary.—The new regulations of this institution have proved entirely successful, and there seems every reason to believe that the intentions of the trustees will be fully realized. We give below the summary of patients for the past month, furnished by Dr. J. B. Alley, Superintendent of the Dispensary. It is proposed to continue these reports monthly.

It appears that the number of patients treated at the Dispensary during the month of August was 260; of which number 61 were males and 110 females, and 89 were children under 15 years of age. The number of patients treated at their dwellings was 333; males 68, females 144. Children under 15 years of age, 121. The prevailing diseases were scarlatina and cholera infantum among children, and phthisis and diseases of the bowels in adults.

Dr. Warren.—We are sure that our readers will rejoice with us to learn that Dr. J. Mason Warren's health is so far improved as that he not only meets his patients at his usual consultation hours, at his own house, but

has also partially resumed his duties at the Massachusetts General Hospital, and will doubtless soon be able to attend actively to practice. He will be welcomed by the profession and the community.

New York Journal of Medicine and New York Medical Times.—We have already noticed that it was in contemplation to unite the New York Journal of Medicine and the New York Medical Times. This arrangement has gone into effect, and the September number of the latter Journal is the last of the series. Dr. H. D. Bulkley of the Times will be associated with Drs. Purple and Smith, and we doubt not the readers of the Journal will find it still more worthy of their support.

Epilepsia Laryngea treated by Tracheotomy.—Dr. Marshall Hall briefly refers, in the *London Lancet*, to a case of epilepsy successfully treated by the operation of tracheotomy, the particulars of which are hereafter to be published by the operator, Dr. Ogle. The patient, a lad of 17, was seized with epilepsy from fright six years ago. The fits became more and more frequent, occurring at last daily, inducing mania and idiocy, so that a strait waistcoat finally became necessary. Relief almost instantly followed tracheotomy—the patient's mind being restored, his health improved, and his fits wholly ceasing. A tube was necessarily worn, but without pain, two months after the operation, and the patient was obliged to place his finger on the orifice whenever he wished to speak.

Health of Boston.—The mortality, during the last week, continued about the same as the preceding one, but the proportions furnished by the different diseases vary in some instances considerably. The number of deaths from dysentery has more than doubled, while those from cholera infantum have diminished by one sixth. There were but 5 deaths from scarlet fever, in place of 13 in the last report. Compared with the returns of the corresponding week a year ago, the mortality is found to be much greater, being 111 in place of 89. The number under the age of five years was 78.

Health of St. Louis.—The St. Louis Medical and Surgical Journal states that the health of that city has been unusually good the present season—there having been no cases of either yellow fever or cholera, and the common complaints of the summer not being above the average severity.

Books and Pamphlets Received.—Treatise on Therapeutics and Pharmacology, or Materia Medica, by George B. Wood, M.D., &c. (From the Author.)—Human Physiology, Statical and Dynamical, or the Conditions and Course of the Life of Man. By John William Draper, M.D., &c. (From Harper & Brothers.)

Communications Received.—On Scarlet Fever.—Bottles for Poisonous Drugs, &c.—On the Treatment of Phthisis.—Etherization in Nervous or Vital Shock.—On the Symptoms and Treatment of Disease of the Supra Renal Capsules.

MARRIED,—At Cambridge, Sept. 4th, Dr. Charles F. Foster to Mary J., eldest daughter of the late Chief Justice Wells, both of Cambridge.—At Woburn, 28th ult., Leroy Chapell, M.D., of North Carolina, to Miss Eliza J. Norcross, of Lexington.

Deaths in Boston for the week ending Saturday noon, Sept. 6th, 111. Males, 55—females, 56. Accident, 1—disease of the bowels, 2—congestion of the brain, 1—burns, 2—consumption, 13—convulsions, 1—cholera infantum, 20—croup, 1—dysentery, 17—dropsy in the head, 2—drowned, 2—infantile diseases, 10—puerperal, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 5—disease of the hip, 1—intemperance, 1—disease of the liver, 1—marasmus, 3—old age, 2—palsy, 1—pleurisy, 2—rheumatism, 1—teething, 8—thrush, 3—tumor, 1—unknown, 5—whooping cough, 4.

Under 5 years, 78—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 9—above 60 years, 4. Born in the United States, 91—Ireland, 14—England, 3—Scotland, 1—British Provinces, 2.

Jamestown (N. Y.) Medical Association.—On Wednesday, Aug. 6th, the third meeting of the "Jamestown Medical Association" was held at the Allen House in Jamestown, its President, G. W. Hazeltine, M D., in the Chair. There was a good attendance of members, and considerable business transacted at the sessions of the Association during the day; followed in the evening, at the Congregational Church, by a very sensible and practical lecture from Dr. William Smith, of Poland, on "The Constitution of Man, in its Physical and Pathological Relations." The title of the Association, as we learn from the "Journal," published in that place, in view of the growing interest that seems to be taken in its transactions by medical men residing at a distance from the point where the Association was organized, has been changed to that of "The Medical Association of South-Western New York." Its next meeting will be at Westfield, on the first Wednesday in November.

Punch on Headache.—The female headaches are innumerable, but they arise principally from vexation and disappointment. They may be divided into "nervous" and "sick" headaches. The nervous is irritable, and cannot bear being spoken to; the sick is despondent, or sulky, and bursts into tears at the least contradiction. When a lady cannot have her own way, a headache is the painful consequence. An unpopular visitor brought home accidentally to dinner, will produce an alarming attack of the headache, and the symptoms that successively follow are instant loss of appetite, deafness, peevishness, hysteria, and finally a precipitate retreat to the bedroom. The poor servants feel the effects of the headache as much as any one, and do not stop in the room longer than they can help.

These unfortunate headaches are very frequent about that time of the year when every one is, or is supposed to be, out of town, and do not cease until the patient has been carried to the seaside for a change of air. The milder forms will vanish upon the application of a piece of jewelry; or if the forehead is wrapped up in a new shawl, it is astonishing with what rapidity the pain disappears. Sometimes a shifting of the scene is requisite, and thus a box at the opera has been known to produce an instantaneous cure, even when the headache in question has been of the most stunning description, and the opera played has been one of Verdi's!—*Punch.*

Medical Miscellany.—The sixth Annual Meeting of the Illinois State Medical Society was held in Vandalia on the 3d and 4th of June. About thirty members attended, mostly from the middle and southern counties. A good state of feeling seemed to prevail at the meeting, and several papers of practical value and general interest were read by members. Several standing committees were appointed, and Chicago was selected as the next place of meeting.—A society has been formed in London for the purpose of diffusing a more general knowledge of the principles of phrenology.—A case of double entropium of each eye, in an infant eight months old, recently occurred in the Central London Ophthalmic Hospital. One eye had been operated upon and relieved by Mr. Walter, according to his published directions, and the other was to be treated in the same way.—A quack in England has been found guilty of manslaughter, in causing the death of a woman by administering to her lobelia inflata in *five-grain* doses. He was sentenced to only three months imprisonment.—A rather severe critique of the second edition of Professor Gross's work on the Diseases of the Bladder, &c., appears in the London Lancet of July 26th.—The Astley Cooper prize of £300 for 1856, has been awarded to Dr. B. W. Richardson, of London, for his essay "On the Cause of the Coagulation of the Blood."—During the late inundations in France, Dr. Aragon, of Bourg d'Oisans, was carried away by the torrent, while on his return home from visiting his patients, and perished.—Charles B. Hulme, Esq., house-surgeon of the Leeds (Eng.) House of Recovery, died recently, it is supposed from a fit, while alone in a warm bath.—In Prussia, a man cannot marry, enter the military service, or perform numerous other important acts, without having been first efficiently vaccinated.—The graduates of both of the Medical Colleges in Georgia, receive their degrees with the express stipulation that the Faculty have the power to cancel the diplomas of any of their pupils who shall at any period degrade themselves by becoming quacks.